

**HEALTH SERVICES AUXILIARY
P.O. BOX 11
MADIGAN ARMY MEDICAL CENTER
FORT LEWIS, WA 98431**

March 2007

TO: Department/Division Chiefs and Community Leaders
FROM: Health Services Auxiliary (H.S.A) Welfare Committee

SUBJECT: Procedure for requesting H.S.A. Welfare Funds

Health Services Auxiliary (H.S.A.) is a private organization that provides philanthropic support to Madigan, DENTAC, VETOCM and the Fort Lewis Community. Each year, H.S.A. disburses welfare funds to support needs that may not be funded through military/hospital or community supply channels or appropriated funds. **Our objective is to enhance patient care and staff morale.**

1. Please utilize the attached sheet to request funds from H.S.A.. This form may be copied and distributed to areas in your department. Please answer ALL the questions.
2. The requests are considered once a year. The funds are available in late May or early June. When you make your application, please consider your needs from June 2007 through May 2008.
3. The H.S.A. Welfare Committee has stipulated the following guidelines:
 - a. Maximum amount per request: \$1000.00 (NOT per Department)
 - b. H.S.A. declines to fund medical equipment to be used on patients.
4. If your request for items to be used in the hospital is approved, a Letter of Proffer will be used to ensure proper disbursement. This process may take 30 to 60 days. Arrangements for purchase of approved items will be made with the chairperson of the Welfare Committee.
5. Applications for funding are available from March 15 to April 18 in the Public Affairs Office at Madigan Army Medical Center. **No applications will be accepted after April 20, 2007.**
6. Forward completed requests to
Health Services Auxiliary
P.O. Box 11
Madigan Army Medical Center
Fort Lewis, WA 98431
7. POC: Vicki Jurgensmeier, 964-1256 or Victoria.jurgensmeier@us.army.mil

MCHJ-(XXXX)

Date _____

MEMORANDUM THRU (Department/Division Chief)
FOR Health Services Auxiliary Welfare Committee

SUBJECT: Request for funds from Health Services Auxiliary

1. Requesting Department/Division/Service _____

2. Point of Contact and Duty Phone _____

3. Mailing Address _____

4. Total amount of funding requested (Include shipping and taxes) _____

5. Items (with prices) requested _____

6. Who will benefit from this purchase (include number of persons) _____

7. Source of purchase _____

8. Why was this request not made through the military system or appropriated funds? _____

9. List other organizations from which you have requested funds _____

10. Please attach catalog pages, brochures, etc that will assist with this request _____

11. If this request has been declined through official military channels, please attach a copy of the declination paperwork.

12. MADIGAN DEPARTMENTS: THIS MEMO MUST BE ROUTED THROUGH AN 0-6 DEPARTMENT OR DIVISION CHIEF.

13. Submit all completed applications to HSA, P.O. Box 11, MAMC, Fort Lewis, WA 98431